

## CUSTOMER WILL BRING MATERIAL

IN FOR RECLAIMING

March 14, 1985

State of California - Health and Welfare Agency

Department of Health Services  
Toxic Substances Control Division  
Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address BAKER ENGINEERING CO. 1011 So. Fremont Ave. Alhambra, CA 91803		(BRUCE) 818/570-6000		A. State Manifest Document Number 84341448		
4. Generator's Phone		6. US EPA ID Number CAX 0000 131904		B. State Generator's ID CAX 0000 131904		
5. Transporter 1 Company Name Baker Engineering		7. Transporter 2 Company Name		C. State Transporter's ID		
9. Designated Facility Name and Site Address Omega Chemical Corp/ 12504 E. Whittier Blvd. Whittier, CA 90602		10. US EPA ID Number CAD 042 245 001		D. Transporter's Phone 818/570-6000		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		
a. Hazardous Waste, Liquid N.O.S. ORM-E NA 9189 (R-113)		No. Type		14. Unit Mt/Vol		
		04 DM		500 P		
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above R01				
15. Special Handling Instructions and Additional Information Baker also bringing in approximately 12 used refrigerant drums for disposal.						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name X Devin R. Bynon		Signature D. R. Bynon		Date Month Day Year 10/31/81		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature D. R. Bynon		Date Month Day Year 10/31/81		
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date Month Day Year		
Printed/Typed Name		Signature		Date Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name TIM BALTIERA		Signature T. Baltiera		Date Month Day Year 10/31/81		

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

TO: P.O. Box 3000, Sacramento, CA 95812